

DUE DATE:*Please Read Instructions:***TRANSCRIPT ORDER**

TRANSCRIPT ORDER			
PARTIES			
1. NAME Carlos R. Rivera-Ortiz		2. PHONE NUMBER (787) 777-8888	
4. MAILING ADDRESS PO Box 364148		5. CITY San Juan	
8. CASE NUMBER 17-03283	9. JUDGE Laura Taylor Swain	6. STATE Puerto Rico	
12. CASE NAME In re: Financial Oversight and Management Board (Commonwealth)	7. ZIP CODE 00936		
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL	
		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS	
		<input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)			
PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	Complete transcript 11/15/17
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00

18. SIGNATURE <i>/s/ Carlos R. Rivera-Ortiz</i>			PROCESSED BY	
19. DATE 11/15/2017			PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS	
ORDER RECEIVED	DATE	BY		
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

DISTRIBUTION:

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TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY